

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 10:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 456028 (0)

1. Corporation Name

MIAMI TAPE, INC.

Principal Place of Business

**8180 N.W. 103RD STREET
HALEAH GARDENS FL 33016**

Mailing Address

**8180 N.W. 103RD STREET
HALEAH GARDENS FL 33016**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1974

3a. Date of Last Report

03/07/1994

4. FEI Number

59-1552708

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 550 W. 84TH ST.

Suite, Apt. #, etc.

22

City & State

23 HIALEAH, FL.

Zip

24 33014-3616

Country

2a. Mailing Address

26 550 W. 84TH ST.

Suite, Apt. #, etc.

27

City & State

28 HIALEAH, FL.

Zip

29 33014-3616

Country

30

9. Name and Address of Current Registered Agent

**GARCIA, CARLOS ORLANDO
510 N.W. 32ND AVE.
MIAMI FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when modifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, CARLOS
STREET ADDRESS	510 N.W. 32ND AVENUE
CITY- ST- ZIP	MIAMI FL
TITLE	SD
NAME	GONZALEZ, DARIO
STREET ADDRESS	8180 N.W. 103RD STREET
CITY- ST- ZIP	HALEAH FL
TITLE	VD
NAME	PAGE, ROBERTO
STREET ADDRESS	8180 N.W. 103RD STREET
CITY- ST- ZIP	HALEAH FL
TITLE	TD
NAME	MORENO, JOSE ANTONIO
STREET ADDRESS	17200 N.W. 88 AVENUE
CITY- ST- ZIP	HALEAH FL
TITLE	D
NAME	PAGE, JOSE
STREET ADDRESS	8180 N.W. 103RD STREET
CITY- ST- ZIP	HALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X [Signature] PRRS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-25-95 X 305-558-9211
DATE (Typed Name)